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On 9-20-2005

TOWNSEND and TOWNSEND and CREW LLP

By:


Jennifer O'Brien



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

VAHID SAADAT et al.

Application No.: 10/824,936

Filed: April 14, 2004

For: METHODS AND APPARATUS
FOR OBTAINING ENDOLUMINAL
ACCESS

Examiner: Unassigned

Art Unit: 3731

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of reference are enclosed. Please note that text of Cite No. 14 is the English equivalent of foreign reference Cite No. 20. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no

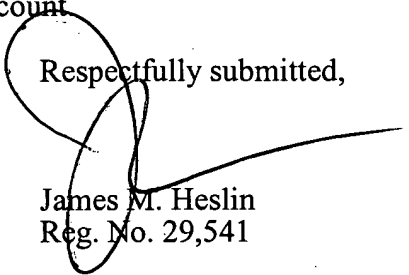
IFW
PATENT
Attorney Docket No.: 021496-000700US

representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement.

However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account

Respectfully submitted,


James M. Heslin
Reg. No. 29,541

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60589195 v1



PTO/SB/21 (09-04)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|------------------------|-----------------|
| Application Number | 10/824,936 |
| Filing Date | April 14, 2004 |
| First Named Inventor | SAADAT, VAHID |
| Art Unit | 3731 |
| Examiner Name | Unassigned |
| Attorney Docket Number | 021496-000700US |

ENCLOSURES (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard PTO/SB/08A & PTO/SB/08B 7 Reference Copies |
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Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|------------------------------------|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature | | | |
| Printed name | James M. Heslin | | |
| Date | September 14, 2005 | Reg. No. | 29,541 |

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| Signature | | | |
| Typed or printed name | Jennifer O'Brien | Date | September 20, 2005 |



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|---|---|----|--------------------------|------------------------|-----------------|
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary) | | | Complete if Known | | |
| | | | Application Number | 10/824,936 | |
| | | | Filing Date | April 14, 2004 | |
| | | | First Named Inventor | SAADAT, VAHID | |
| | | | Art Unit | 3731 | |
| | | | Examiner Name | Unassigned | |
| Sheet | 1 | of | 1 | Attorney Docket Number | 021496-000700US |

| U.S. PATENT DOCUMENTS+ | | | | | |
|------------------------|--------------------------|--|--------------------------------|--|---|
| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
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| Examiner Initials* | Cite No. ¹ | Foreign Patent Document | | | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T ⁶ |
| | | Country Code ³ | Number ⁴ | Kind Code ⁵ (if known) | | | | |
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| | 20 | WO | 2005/053517 | A1 | 06-16-2005 | Olympus Corp | | <input checked="" type="checkbox"/> |

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|---------------------------------|--------------------------|---|----------------|
| Examiner Initials* | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² |
| | 21 | MASON, "Development of Future of Gastroplasties for Morbid Obesity," <i>Arch Surg</i> , Vol. 138 (April 2003), pp. 362-366. | |

| | | | |
|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.